PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	s form should be used to correspondence including ted below or directed other ations.	or tran ig the l ierwise	smitting the ISSU Patent, advance or in Block I, by (a	JE FEE and PUBLIC ders and notification i) specifying a new c	of orre	TION FEE (If requi maintenance fees w espondence address;	red). E vill be a and/or	Blocks 1 through 5 sho mailed to the current c (b) indicating a separa	orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23579		/2009				Car	tificato	of Mailing or Transm	decian	
Pabst Patent Group LLP 1545 PEACHTREE STREET NE SUITE 320						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
ATLANTA, GA 30309					Transmittal of Issue Fee		e	(Depositor's name)		
			being electronically filed on			(Signature)				
		August 14, 2009				(Date)				
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/759,695 01/16/2004 TITLE OF INVENTION: VAGINAL OR RECTAL APPLICATOR				Gerianne Tringali DiPiano			FEM 105 8448		8448	
				1					7	
APPLN, TYPE	SMALL ENTITY			PUBLICATION FEE DU		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$1510	\$300		\$0		\$1810	08/28/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS	\$ 					
VU, QUYNH-NHU HOANG 3763				604-275000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 				2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form P10/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	AND RESIDENCE DAT.									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
FemmePharma Holding Company, Inc. Wayne, Pennsylvania										
Please check the approp	oriate assignee category of	r catego	ories (will not be p	rinted on the patent):	Ţ	☐ Individual ☑ C	orporat	ion or other private gro	up entity Government	
4a. The following fee(s) are submitted: ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) ✓ Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503129 (enclose an extra copy of this form).						
a. Applicant clair	atus (from status indicate ms SMALL ENTITY stat	us. See	37 CFR 1.27.	☐ b. Applicant is n	o lo	onger claiming SMA	LL EN	TITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee arinterest as shown by the	nd Publication Fee (if rec records of the United St	uired) ates Pat	will not be accepte ent and Trademark	d from anyone other to Coffice.	than	the applicant; a reg	istered	attorney or agent; or the	e assignee or other party in	
/Rivka D. Monheit/				August 14, 2009 Date						
Rivka D. Monheit Typed or printed name				Registration No. 48,731						
This collection of infor	mation is required by 37 (CFR 1.3	311. The informati	on is required to obtain	in o	r retain a benefit by	the pub	lic which is to file (and	by the USPTO to process)	

Inis conection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.